

Employer's ID Number

38-2396958

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2012 OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc. 0000 NAIC Company Code

95453

NAIC Group Code

0000

(Curre	ent Period) (Prior Period)		·							
Organized under the Laws or	Michig	an	, State of Dom	nicile or Port of Entry	Mi	chigan				
Country of Domicile			United States	1						
Licensed as business type:	Life, Accident & Health []	Property	/Casualty []	Dental Service Corpora	tion []					
	Vision Service Corporation	[] Other []	Health Maintenance Or	ganization [>	(]				
	Hospital, Medical & Dental	Service or Indemnit	ty[]	Is HMO, Federally Qual	lified? Yes [] No [X]				
Incorporated/Organized	12/03/1981	(Commenced Busi	ness	02/05/1982	2				
04-4-4	000 F				MI 110 4054	10.0005				
Statutory Home Office		Hill Ave SE	, ,	Grand Rapids, (City or Town, Sta						
Main Administrative Office			829 Forest	Hill Ave SF						
	-:		(Street and	Number)	0					
	n, State, Country and Zip Code)			616-949-241 (Area Code) (Telephone						
Mail Address	829 Forest Hill Ave S	Ε	,	Grand Rapids, MI,	US 49546-23	325				
	(Street and Number or P.O. E		_ ·		City or Town, State, Country and Zip Code)					
Primary Location of Books a	nd Records		82	9 Forest Hill Ave SE						
Grand Ra	oids, MI, US 49546-2325			(Street and Number) 616-949-9944-	122					
	n, State, Country and Zip Code)			(Area Code) (Telephone						
Internet Website Address			gvhp.co	m						
Statutory Statement Contact	Pamela L	ea Silva		616-949	-9944-122					
ei	(Nan Ivap@gvhp.com	ne)		ension)						
31	(E-mail Address)			616-949-994 (FAX Number)						
Mana	T:#	OFFIC		I		T:41 -				
Name Roland E Palmer	Titl . Presid			Name W Schouten .	Tropou	Title rer/Secretary				
Pamela L Silva	. Vice Presid		THOMAS	vv Schoulen ,	rreasu	ner/secretary				
	D.	OTHER O		·F0						
Roland E Palmer	Thomas W	RECTORS O		I LS I Wallace	Rohei	rt Schirado				
Pamela L Silva	Richard C			rt A Start		hy Lentz				
Athena M Cronberg	Steven A	Manifold				•				
State of	_Michigan									
County of	Kent	SS								
above, all of the herein describe this statement, together with rel of the condition and affairs of the completed in accordance with that that state rules or regulations re respectively. Furthermore, the s	tity, being duly sworn, each depoted assets were the absolute properated exhibits, schedules and explaie said reporting entity as of the rie NAIC Annual Statement Instruction quire differences in reporting not cope of this attestation by the design differences due to electronic filing the state of the same and the same and the same as a second to the same as a sec	erty of the said reporting anations therein contains therein contains eporting period stated attions and Accounting I related to accounting partibed officers also in	g entity, free and cle ined, annexed or ref above, and of its in Practices and Proce oractices and procec cludes the related c	ear from any liens or claims the erred to is a full and true stat come and deductions therefor dures manual except to the e lures, according to the best o orresponding electronic filing	hereon, except tement of all the com for the period extent that: (1) so if their informati with the NAIC,	as herein stated, and the assets and liabilities a od ended, and have be state law may differ; or, ion, knowledge and beli, when required, that is				
Roland E P Preside			V Schouten		Pamela L Vice Preside					
Subscribed and sworn to be 28 day of	fore me this February, 2013			a. Is this an original filing b. If no, 1. State the amendment		Yes [X] No []				
				2. Date filed		02/28/2012				
Ruth A. Klinger				3. Number of pages a	ttached					
· ·										
05/08/2018										

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

0		1	_	2	-
1 - 30 Dave	31 - 60 Dave	4 61 - 90 Dave	5 Over 90 Days	b Nonadmitted	/ Admitted
	31 - 00 Days	01 - 90 Days	Over 50 Days	Nonadmitted	356
16 055					16,055
11 165					11,165
				2 165	4,096
0,201				∠, 100	
0,934					0,934
40,415	0	0	0	2,165	
					5,925
46,340	0	0	0	2,165	44 , 175
					, , ,
46 696	0	0	0	2 165	44,531
	1 - 30 Days	356 16,055 11,165 6,261 6,934 340,415 40,415 5,925 46,340 0	356 16,055 11,165 6,261 6,934 340,415 0 0 0 5,925 46,340 0 0	356 16,055 11,165 6,261 6,934 40,415 0 0 0 0 5,925 46,340 0 0 0 0	356

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	EXHIDIT 3 - HEALIH CANE NECLIVADELO									
Maria C Dellas	2	3	4	5	6	7				
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted				
dividually Listed Receivables:										
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0799999 Gross health care receivables										

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.						0
0399999 Aggregate accounts not individually listed-covered	374,228	500,297	92,662	62,748	220,025	1,249,960
0499999 Subtotals	374,228	500,297	92,662	62,748	220,025	1,249,960
0599999 Unreported claims and other claim reserves						785,040
0699999 Total amounts withheld						0.005.000
0799999 Total claims unpaid						2,035,000
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

	2	3	4	5	6	Adm	itted
		-				7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
Grand Valley Surgical Center						13,398	
Grand Valley Technology Services						8,072	
Individually Listed Receivables: Grand Valley Surgical Center				-		5,170	
				-	-		
0199999 Individually listed receivables		0	0	0	0	26,640	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	26,640	0	0	0	0	26,640	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Grand Valley Health Corporation	ESOP&401k Dec pass thru EE events trueup	21,803	21,803	
0100000 Individually listed payables		21,803	21,803	Λ
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables		21,000	21,000	
0230000 Total grose payables		21,803	21,803	0
upaaaaa Tutai gruss payanies		21,003	21,003	U

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT FART COMMART OF TRANSPORTORS WITH TROVIDERS										
Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers				
Capitation Payments:										
Medical groups	0	0.0		0.0						
2. Intermediaries	0	0.0		0.0						
3. All other providers	181,080	0.7	77,675	1,276.3		181,080				
Total capitation payments	181,080	0.7	77,675	1,276.3	0	181,080				
Other Payments:										
5. Fee-for-service		1.8	XXX	XXX	436,020					
Contractual fee payments	13,372,992	54 . 1	XXX	XXX	13,372,992					
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX						
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX						
9. Non-contingent salaries	10,721,318	43.4	XXX	XXX	10,721,318					
10. Aggregate cost arrangements	0	0.0	XXX	XXX		<u> </u>				
11. All other payments	0	0.0	XXX	XXX		<u> </u>				
12. Total other payments	24,530,330	99.3	XXX	XXX	24,530,330	0				
13. Total (Line 4 plus Line 12)	24,711,410	100 %	XXX	XXX	24,530,330	181,080				

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
	1.01.				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	492,039		490,923	1,116	1,116	
Medical furniture, equipment and fixtures	1,114,934		1,114,934	0		
Pharmaceuticals and surgical supplies	190,812			190,812		190,812
Durable medical equipment						
5. Other property and equipment	404,000		404,000	0		
6. Total	2,201,785	0	2,009,857	191,928	1,116	190,812

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE OF M	lichigan			DURING THE YEAR	2012		•	NA	IC Company Code	95453
	1	Comprel (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7 ,925	73	6,388				1 , 464			
2 First Quarter	6,801	69	5,589				1 , 143			
3 Second Quarter	6,395	67	5,202				1 , 126			
4. Third Quarter	6,202	84	5,009				1 , 109			
5. Current Year	6,086	81	4,900				1,105			
6 Current Year Member Months	77,675	910	62,690				14,075			
Total Member Ambulatory Encounters for Year:										
7. Physician	23,238	285	18,702				4,251			
8. Non-Physician	8,170	93	6,548				1,529			
9. Total	31,408	378	25,250	0	0	0	5,780	0	0	
10. Hospital Patient Days Incurred	1,182	46	791				345			
11. Number of Inpatient Admissions	283	9	201				73			
12. Health Premiums Written (b)	26,008,142	339,242	19,850,031				5,818,869			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	26,008,142	339,242	19,850,031				5,818,869			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	24,711,410	289,506	19,944,104				4 ,477 ,800			
18. Amount Incurred for Provision of Health Care Services	24,050,087	281,758	19,410,363				4,357,966			

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees	· · · · · · · · · · · · · · · · · · ·



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2.

								(LOCATION)		
NAIC Group Code 0000 BUSINESS IN THE STATE OF Co	nsolidated			DURING THE YEAR 2	2012			NAI	C Company Code	95453
	1	Compre (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,925	73	6,388	0	0	0	1 , 464	0	0	(
2 First Quarter	6,801	69	5 , 589	0	0	0	1 , 143	0	0	(
3 Second Quarter	6,395	67	5,202	0	0	0	1 , 126	0	0	(
4. Third Quarter	6,202	84	5,009	0	0	0	1 , 109	0	0	(
5. Current Year	6,086	81	4,900	0	0	0	1,105	0	0	(
6 Current Year Member Months	77,675	910	62,690	0	0	0	14,075	0	0	(
Total Member Ambulatory Encounters for Year:										
7. Physician	23,238	285	18,702	0	0	0	4,251	0	0	0
8. Non-Physician	8,170	93	6,548	0	0	0	1,529	0	0	(
9. Total	31,408	378	25,250	0	0	0	5,780	0	0	(
10. Hospital Patient Days Incurred	1,182	46	791	0	0	0	345	0	0	(
11. Number of Inpatient Admissions	283	9	201	0	0	0	73	0	0	(
12. Health Premiums Written (b)	26,008,142	339,242	19,850,031	0	0	0	5 ,818 ,869	0	0	(
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	(
15. Health Premiums Earned	26,008,142	339,242	19,850,031	0	0	0	5,818,869	0	0	(
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	24,711,410	289,506	19,944,104	0	0	0	4,477,800	0	0	
18. Amount Incurred for Provision of Health Care Services	24,050,087	281,758	19,410,363	0	0	0	4,357,966	0	0	(

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ______0

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SCHEDULE S - PART 1 - SECTION 2

	Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year										
1	2	3	4	5	6	7	8	9	10	11	12
								Reserve Liability			
NAIC					Type of			Other Than for	Reinsurance	Modified	
Company	Federal ID			Domiciliary	Reinsurance		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Under Coinsurance
						• • • • • • • • • • • • • • • • • • • •					
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0999999	Totals					0	0	0	0	0	0

SCHEDULE S - PART 2

, -	Reins	urance Recoveral	ole on Paid and Unpaid Losses Listed by Re	Insuring Company as of December 31, Curro	ent Year	
1	2	3	4	5	6	7
NAIC				5		
Company	Federal ID	Effective Date	No. of Comment	Domiciliary	D. M. L.	
Code	Number	Effective Date	Name of Company Ace American Insurance Company	Jurisdiction	Paid Losses	Unpaid Losse
2667	95-2371728	07/01/2012	Ace American Insurance Company	PA		
1199999 - ACCIO	dent and Health	- U.S. Non-Affiliate	es		77,515	
1399999 - Total	l Non-Affiliates	- 141-			77,515	
1499999 - Total	Accident and He	31111 400000 0400000 00	00000 and 1100000)		77,515	
1099999 - 10tal	1 U.S. (Sulli 01 U	199999, 0499999, 00	99999 and 1199999) , 0999999 and 1299999)		77,515 0	
1099999 - 10181	1 NOI1-U.S. (SUIII (01 02999999, 00999999	, 0999999 and 1299999)	T	U	
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1700000 Total	ls – Life Annuit	y and Accident and	I Health		77,515	1

SCHEDULE S - PART 3 - SECTION 2

			R	einsurance Ceded Accident and Health Insu	rance Listed	d by Reinsuring Con	npany as of Decembe	er 31, Current Year				
1	2	3	4	5	6	7	8	9		Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
	Federal ID			Domiciliary			Unearned Premiums				Coinsurance	Funds Withheld
Code		Effective Date		Jurisdiction	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			-U.S. Affiliates			0						
0399999 -	Total Authorize	d Affiliates				0						
22667	95 - 237 1728	07/01/2012	Ace American Insurance Company	PA.	SSL/1/L							
0499999 -	General Account	- Authorized U.S	. Non-Affiliates			335,470						
0699999 -	Total Authorize	d Non-Affiliates				335,470						<u> </u>
		ccount Authorized				335,470						
			, Unauthorized and Certified			335,470					^	
		Accounts Unauthor				0	0	0	0	0	0	· ·
		Accounts Certifie	ed, Unauthorized and Certified			0	0	0	0	0	0	· ·
	Total U.S.	ACCOUNTS CELLITIE	u			335.470	0	0	0	0	0	0
	Total Non-U.S.					333,470	0	0	0	0	0	0
4099999 -	10(a) NOII-0.3.				1	U	U	U	U	U	U	- 0
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4799999	Totals	•				335,470	Λ	n	0	n	0	n
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Schedule S - Part 4

NONE

Schedule S - Part 4 - Footnote(a) Detail NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Footnote(a) Detail

NONE

SCHEDULE S - PART 6 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		(000 O	mitted)			
		1 2012	2 2011	3 2010	4 2009	5 2008
A.	OPERATIONS ITEMS					
1.	Premiums	335	574	462	546	515
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance	422	0	0	0	0
5.	Total hospital and medical expenses	17,741	0	0	0	0
В.	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	78	0	197	0	494
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances due		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
12.	Offset for reinsurance with Certified Reinsurers	0	XXX	XXX	XXX	XXX
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust	0	XXX	XXX	XXX	XXX
18.	Funds deposited by and withheld from (F)	0	XXX	XXX	XXX	XXX
19.	Letters of credit (L)	0	XXX	XXX	XXX	XXX
20.	Trust agreements (T)	0	XXX	XXX	XXX	XXX
21.	Other (O)	0	XXX	XXX	XXX	XXX

SCHEDULE S-PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to Identify Net Cr	1 1	2 Remsuran	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)	, , ,		
1.	Cash and invested assets (Line 12)	5 , 217 , 856		5 , 217 , 856
2.	Accident and health premiums due and unpaid (Line 15)	44,531		44,531
3.	Amounts recoverable from reinsurers (Line 16.1)	77,515	(77 , 515)	0
4.	Net credit for ceded reinsurance	xxx	77 ,515	77 ,515
5.	All other admitted assets (Balance)	454,257		454,257
6.	Total assets (Line 28)	5,794,159	0	5,794,159
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	2,035,000	0	2,035,000
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	73,947		73,947
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	1,085,288		1,085,288
15.	Total liabilities (Line 24)	3,194,235	0	3,194,235
16.	Total capital and surplus (Line 33)	2,599,924	XXX	2,599,924
17.	Total liabilities, capital and surplus (Line 34)	5,794,159	0	5,794,159
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	77 , 515		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	77,515		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	77,515		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

			ed By States and Terr	Direct Bus	iness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama							
2. Alaska							
3. Arizona							
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii							
13. Idaho	ID						
14. Illinois							
15. Indiana		• • • • • • • • • • • • • • • • • • • •	<u> </u>	• • • • • • • • • • • • • • • • • • • •		1	
16. lowa	IA	• • • • • • • • • • • • • • • • • • • •					
	KS						
17. Kansas			†		·····	l	}
18. Kentucky							
19. Louisiana						·	
20. Maine	ME		 			·	ł
21. Maryland	MD						
22. Massachusetts 23. Michigan 24. Minnesota	MA					ļ	
23. Michigan	MI						
24. Minnesota	MN			···			
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York					• • • • • • • • • • • • • • • • • • • •		
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania			ļ				
40. Rhode Island							
41. South Carolina							
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						<u> </u>
46. Vermont	VT						
47. Virginia							
48. Washington				• • • • • • • • • • • • • • • • • • • •			
49. West Virginia							
50. Wisconsin					l	l	}
51. Wyoming							
52. American Samoa							
53. Guam						ļ	
54. Puerto Rico							
55. US Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
			Ī			1	I
58. Aggregate Other Alien	TO <u>.</u>						

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
·						Name of					Type of Control			
·						Securities					(Ownership,			
		NAIG	F. 4			Exchange if	No 6		Date Constitution		Board,	If Control is		
Group		NAIC	Federal ID	Federal		Publicly Traded (U.S. or	Names of Parent Subsidiaries	Domiciliary	Relationship to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	
Code	Group Name	Company Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	Directly Controlled by (Name of Entity/Person)	Influence Other)	Porcontage	Entity(ies)/Person(s)	*
Code	Group Name	Code	Nullibel	NOOD	CIN	international)	Of Allillates	Location	Littly	(Name of Entity/Ferson)	illiluerice, Other)	reiceillage	Littity(les)/Feison(s)	+
														1
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NONE

42

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMART OF INSURER'S TRANSACTIONS WITH ANT AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or	(Disbursements)						
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Any Other Material Activity Not in the		(Payable) on Losse
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of the Insurer's		and/or Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	20 2265242	Crand Valley Health Corporation	Dividorido	Contributions	invocancino	/ timiato(o)	583,536	rigiocinionio		Buomicoo	583,536	ranon/Liability)
	38-3247043	Grand Valley Health Management			•				· · · · · · · · · · · · · · · · · · ·		٥٠٠٠, ٥٥٠٥	
	30 3247 343	Grand Valley Health Facilities					1,209,012				1,209,012	
95453	38-3247943 38-3247950 38-2396958 38-3668000 38-3440505	Crond Valley Health Blon			•		(2,680,260)				(2,680,260)	
93433	20 2660000	Crand Valley Technical Corvices			•		(2,000,200)			•	(2,000,200)	
	30-3000000	Grand Valley Occasional Contracts			†		900,712				900,712	
	38 - 3440505	Grand Valley Health Management. Grand Valley Health Facilities. Grand Valley Health Plan. Grand Valley Technical Services. Grand Valley Surgical Center.			†	ł	(18,000)				(18,000)	
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0000000	ontrol Totals		Λ	^	0	0	0	0	XXX	^	Λ	^
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

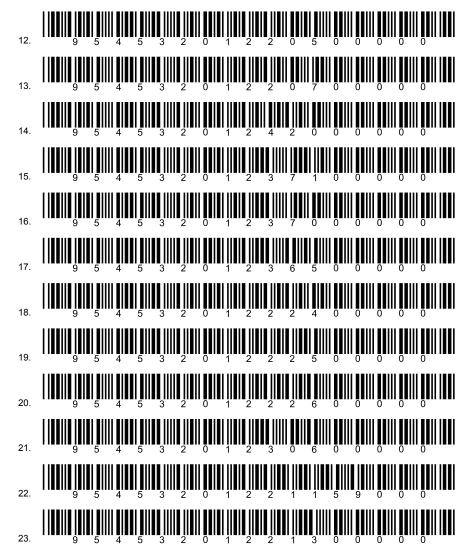
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.		YES
3.	·	YES
4.		YES
	APRIL FILING	
5.		YES
		YES
6.	· · · · · · · · · · · · · · · · · · ·	YES
7.		1⊑0
	JUNE FILING	VEO
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interro	will be printed below. If the
	MARCH FILING	
11.		NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	N0
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-vear cooling off period for independent CPA be filed	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees he filed electronically	NONO.
	APRIL FILING	, , , , , , , , , , , , , , , , , , ,
21		NO
21.		NO
22.		NO
23.		NO
24.	,,,,,,	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.		YES
Explan		
11.		
12.		
12.		
13.		
14.		
15.		
16.		
17		
17.		
18.		
19.		
20.		

21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

Bar code:



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